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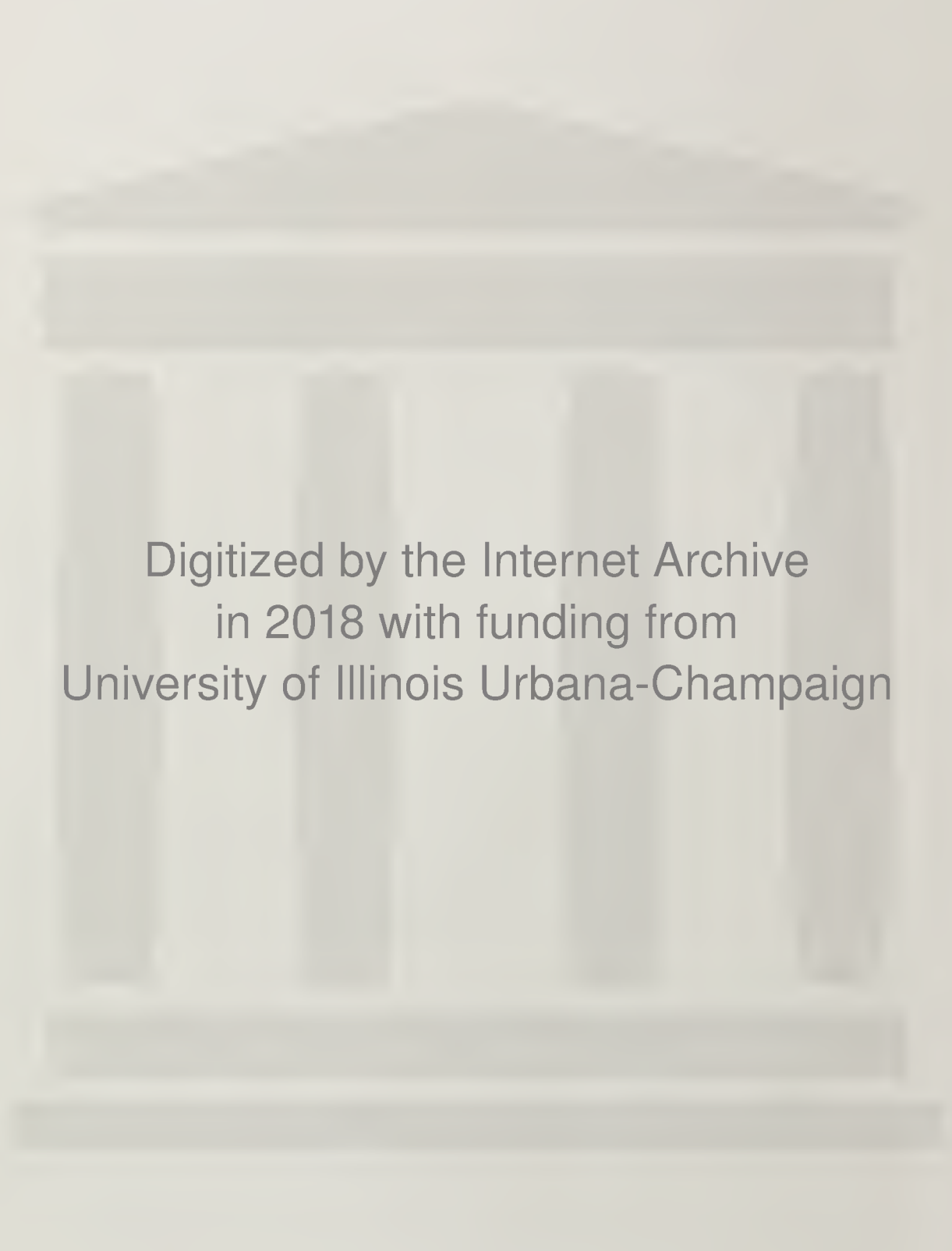
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Part II:

HUMAN SERVICES POLICY PAPERS

Illinois Department of Public Aid
Human Services Plan Vol. 2





STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID

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July 30, 1980

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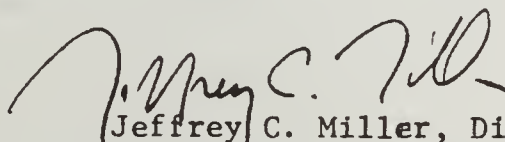
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TO THE HONORABLE MEMBERS OF THE GENERAL ASSEMBLY:

I am pleased to present Part II - Human Services Policy Papers of the Fiscal Year 1981 Human Services Plan for the Department of Public Aid. This document is submitted pursuant to the requirements of Public Act 79-1035, the Illinois Welfare and Rehabilitation Services Planning Act.

The Policy Paper analyzes the impact of illegitimate births upon the programs administered by the Department. The paper explores the reasons for pre-marital conceptions and births and attempts to describe the effects upon the mothers and their children. Associated with the data are policy implications that need to be addressed or researched by the Department.

Respectfully submitted,


Jeffrey C. Miller, Director
Department of Public Aid

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1981 PLAN FOR
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PART II
HUMAN SERVICES POLICY PAPER

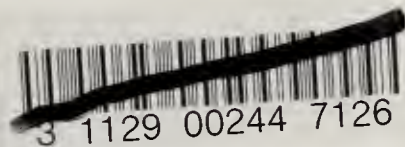
Illegitimacy: A Preliminary Analysis of the Relationship of Birth Status
and Public Assistance Programs

Illinois Human Services Plan

Volume 2

July, 1980

In Accordance with Public Act 79-1035



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1981 PLAN FOR
DEPARTMENT OF PUBLIC AID

PART II
HUMAN SERVICES POLICY PAPER

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and Comment Period

The Human Services Policy Paper will focus on the impact of illegitimate births upon the programs administered by the Department of Public Aid. The Department is mandated to provide income maintenance, medical assistance and social services to indigent families.

The Question

A recent departmental study of caseload dynamics used illegitimate births as one variable in a caseload size estimation model. Statistical analysis of this factor found a correlation of .938 (1.000 = unity) between caseload size and illegitimate births. In terms of actual caseload data, 49.5 percent of the children receiving AFDC in June, 1980, were illegitimate. The same study revealed a correlation of .770 between illegitimate births and female unemployment. Department of Labor figures show that the labor force participation rate for never married women with children is just over 50 percent and that their unemployment rate is approximately 21 percent.

The question is: Are illegitimate births producing a stable underclass of unemployable young adults and children who are destitute because of life circumstances associated with illegitimacy? If the answer is yes, the implications are serious. Traditional economic explanations of and solutions to the problems of poverty must be revised. The effectiveness of existing educational, training, social service and medical programs must be questioned. New approaches will have to be developed to meet the special problems of a growing number of single-parent families headed by teenagers.

The research necessary to answer the question has not been conducted. This paper reviews what is known of illegitimacy and its causes; considers the policy implications of this information; and suggests research needed to provide a better understanding of the relationship between illegitimacy and public assistance programs.

Background

While little work has been done on the relationship of illegitimacy and public assistance, there is a growing awareness of the problem of illegitimate births. A recent article in The Chicago Reporter focused on the increasing number of illegitimate births in Illinois. Using statistics compiled by the Illinois Department of Public Health, the story reported that:

"Illinois has had a nearly uninterrupted increase in the number and per cent of illegitimate births since 1950..."

"In 1978, Illinois recorded 36,161 illegitimate births or 20.7 per cent of all births, compared to 11.3 per cent in 1968..."

"In 1978, nearly 42 per cent of Chicago births, or 22,252 births, were illegitimate, more than double the rate 10 years earlier..."

"In 1978, 67 per cent of Chicago's black births were illegitimate, compared to 17 percent of white births..."

"Of Chicago's total illegitimate births in 1978, more than 80 percent were to black women. Black illegitimate babies were nearly 34 percent of all births in Chicago in 1978..."

"Chicago teenagers had 12,008 babies in 1978, of which 9,128 or 76 percent were illegitimate..."

"In 1977, 54,539 premarital pregnancies were legally aborted. Another 35,528 premarital pregnancies became illegitimate births."(1)

These statistics mirror national figures given in the same article. They show that the number and the rate of illegitimate births are increasing

nationally. They do not indicate why this is happening or its effects on social programs.

The findings of recent demographic research provide some understanding of why illegitimacy is on the rise. Most of the investigations into the causes of illegitimacy concentrate on the teenage female population. This group has a greater probability of illegitimate births than non-teenage women because of the increasing likelihood of intercourse, the lack of knowledge about contraceptive techniques and the absence of marriage.

Available data and research on the problem of illegitimacy are one-sided in that they concentrate on the female side of the equation. Little has been done to analyze the role of the male. Even such basic data as the number of illegitimate births due to rape are not collected on a regular basis. Elementary data collection is needed urgently. In addition, studies of teenage male sexual patterns must be expanded to include analyses of the relationship to illegitimacy. Without such information, any analysis of illegitimacy is incomplete and programs developed to deal with the problem will not be completely effective. Consequently, this paper must be considered as only a partial analysis of the problem and its relationship to public assistance programs.

Historical Trends

Martin O'Connell and Maurice J. Moore analyzed Current Population Survey data on legitimacy status of first births for the period from 1939 to 1978. Using a cohort of women age 15 to 24 years, they provide an historical perspective of the subject. Their methodology included data on

premaritally conceived births divided into two groups -- premarital births and legitimated births. The overview of the data shows that, in general, "the percentage of first births initiated by premarital conceptions is higher among blacks than among whites; higher among teenagers than among women 20-24 years old; and higher in more recent time periods than earlier ones".(2)

Patterns in teenage illegitimacy indicate different trends in two periods.

The authors report:

"The first period, 1939-1942 to 1951-1954 ... shows a fairly constant percentage of first births resulting from premarital conceptions - about 25 percent for white women and 60 percent for black women. In this period, out-of-wedlock births accounted for about 10 percent of all first births to whites and 40 percent of first births to blacks ... With the beginning of the second period in 1955-1958, declines in marital fertility and in marriage rates produced large increases in the percentage of first births that resulted from premarital conceptions -- about 29 percent to 63 percent in 1975-1978 for white teenagers and 71 percent to 90 percent for black teenagers."(3)

Furthermore, it is shown that the number of premarital conceptions legitimated by marriage "has declined to a level slightly below that recorded in World War II".(4) It is against this backdrop of historical information that the current trends in population growth may be explored.

Recent Trends and Explanations

Drs. Zelnik and Kantner conducted studies in 1971 and 1976 that are benchmarks of the research in this field. Their interpretations of the findings are reported in various articles (5) with any of several collaborators. Due to space limitations, it is impossible to give more than a brief highlighting of their analyses.

Almost all sexual activity for teenage women is premarital. Probability sample surveys indicate that 20 percent of U.S. women have had intercourse prior to age sixteen. By age nineteen, sixty-seven percent will have had intercourse. Of this group of sexually experienced teenagers, 25 percent will become pregnant prior to age nineteen. Eighty percent of this group will be unmarried.(6) As shown in the historical data, black teenagers are more likely to become pregnant although the number of white teenagers who conceive premaritally is increasing because of rising sexual activity.

The relationship between race and illegitimacy has not been explored thoroughly although the work of Zelnik and Kantner is suggestive. Their findings indicate that the illegitimacy rate is higher among blacks because they are less likely than whites to use effective contraception and abortion; less likely to legitimate the child through marriage; and less likely to place the child for adoption. Additional research is needed in this area as well as on the function of economic status. Available descriptive data show that illegitimacy is inversely related to income, education and other status indicators. The preliminary work by Cutright, for example, estimates that approximately 45 percent of the difference between black and white illegitimacy rates is explained by the higher incidence of poverty among blacks.(7) An hypothesis suggested by Helen Icken Safa is that "consensual marriages are more common and illegitimacy more frequent wherever economic opportunities are insecure".(8) Since a limited or no income is a primary factor of eligibility for AFDC, the relationship between economic status and illegitimacy is of especial importance.

Contraceptive Practices

Many of the estimated one million teenagers who will become pregnant this year will follow a pattern of initiating coitus, without contraception, at or near the onset of menarche. Zabin, et.al.(9) observe that the youngest women to initiate coitus are twice as likely as older teenagers to become pregnant. Further, those who become pregnant at an early age are forty to sixty percent more likely to conceive again during their teenage years. These high probabilities raise questions about the knowledge and use of contraceptive techniques by teenagers. While Zelnik(10) reports that "a pronounced shift toward adoption of modern methods of contraception" is occurring in the teen population, Zabin states that "there is evidence that many are sexually active for as long as a year before they initiate contraceptive use".(11) Further, Zabin found that "one-half of all initial premarital teenage pregnancies occur in the first six months of sexual activity ... and more than one-fifth in the first month".(12)

Since seventy percent of teenage women have had a sex education class (13), one would assume that they have a basic understanding of the purpose and use of some technique of contraception. The data suggest that black females who are nonconceptors are more likely than their white counterparts to recognize the probability of pregnancy occurring.(14) Both, however, have misconceptions about when contraception is needed. White teenagers tend to think "that the middle of the menstrual cycle is the safe period, while black (teenagers) frequently believe they are naturally subfecund or that having intercourse infrequently lowers the risk of getting pregnant".(15) Since the highest risk occurs in the early teens, Zabin implies that sex education, as taught in the schools, comes too late to be effective

for many teenagers. She suggests that entry into sex education classes be based on "pubertal development rather than chronological age".(16)

Family planning clinics are frequently used by teenagers as a source of information concerning contraceptive practices. In 1977, an estimated 43,200 Illinois teenagers contacted local clinics.(17) Their initial visit, however, was "often precipitated by the suspicion of pregnancy rather than the onset of coitus".(18) Even so, the "clinics were a major source of care for poor teenagers ... (and) for adolescents of higher income as well".(19) Nationally, teenagers made up 31 percent of the over four million clients served by family planning clinics in 1977.(20) The primary reasons for the popularity of clinics are their low cost, their acceptance of the medicaid card, the anonymity offered the teenager, and their counseling services.(21)

Policy Implication

The data suggest that family planning and sex education efforts have been less than effective in terms of the teenage population. The implication for other state agencies and social service organizations is that their efforts must be intensified. In Fiscal Year 1980, the Title XX funds spent for family planning services totalled \$3,468,100. In Fiscal 1981, the expenditure for this service is estimated to be \$3,602,900.

The implication for the Department of Public Aid is that its limited family planning referral service should be expanded. It should include an outreach effort directed to teenagers. The failure to educate teenagers in the purpose and use of contraception has long-term implications

for the Department's programs. As the Caseload Data section of this report shows, the number of illegitimate children receiving public aid has increased substantially in recent years. Additionally, they tend to remain on public aid for longer periods than legitimate children.

CONSEQUENCES

The data demonstrate the magnitude of the problem. The research findings offer possible explanations. Neither delimit the social consequences of teenage pregnancies. The effects of early childbearing on the mother, the baby and the life chances of both have serious implications for social programs. The following considers these effects and their implications for Department of Public Aid policy.

Effects Upon The Mother

The following observations were made by medical people and counselors in Illinois.(22)

The pregnant teenager is very likely to keep her baby rather than place it for adoption. This decision may be made without being fully aware of the responsibilities of child rearing. It is thought that this is more commonplace now than in the past because of the greater acceptance of single parents by the community. Also, some teenage mothers, and the fathers of their babies, are members of dysfunctional families. As such, they may seek love and escape through sex or the offspring produced. The mother of the teenager may contribute to the dilemma of whether to keep the baby because of emotional problems that the pregnancy has caused her. All of this can create a very complicated situation in which to decide the child's future.

Social questions are not the only problems to confront the pregnant teenager. Whether the child is legitimated by marriage or carried to term and placed for adoption, the mother may have health and medical problems. The adolescent female is "more likely to need Caesarean sections, as their pelvises are not fully developed. Other hazards to the mother include a greater incidence of toxemia, high blood pressure, anemia and prolonged labor due to the disproportionate size between the girl's pelvis and the fetus." (23) The March of Dimes reports that the death rate is much higher for girls under the age of fifteen than older women because of complications of pregnancy. (24) "The risk of dying is higher for adolescent mothers than for women in their twenties ... and the rate for fifteen to nineteen year old mothers is roughly comparable to the ... rates of women over forty." (25)

The loss of lives is not the only cause for concern. The mother's young growing body may be seriously depleted of nutritional reserves. (26) Due to the immaturity of the teenager's body placed in such stressful circumstances, she may never attain her full stature. (27) Many of these problems may be alleviated through proper and early prenatal care. But, nearly half of the pregnant teenage population receives no prenatal care in the first trimester. (28) Closely related to improper prenatal care is "poor diet ... attributable to the physical immaturity of the (teenage) mother." (29)

Several other effects upon adolescents bearing children have been observed but are tangential to this paper. Attempted or threatened suicide rates may be higher for women who give birth prior to their eighteenth birthday. This may be a result of other factors such as "complicated pregnancies, venereal disease, and disturbed adolescent behavior". (30)

Experts in the field suggest that child abuse incidents may be attributed to the immaturity of the mothers and other factors associated with teenage childbearing. Data collection capabilities of other state agencies may help, in the future, to validate these assertions.

Policy Implication

The four major needs of the teenage mother -- counseling, medical care, nutritional training, and adoption services -- are addressed by a number of programs administered by several state agencies and local organizations. The unmarried parent programs administered by the departments of Public Health and Children and Family Services, for example, provide counseling and medical examination services to unmarried mothers. Once again, the implication is that such services should be expanded. In Fiscal Year 1981, 5,542 clients will be served through the two programs at a cost of \$1,296,900. The Fiscal 1980 expenditure was \$1,097,200.

Some expansion is occurring. In January of this year, the Department of Public Aid implemented a program to provide Medicaid eligibility to pregnant women. (See "Effects Upon the Children" in this report.) A related measure was passed by the General Assembly this session. Senate Bill 1747 will extend AFDC income assistance grants to pregnant women who meet all eligibility requirements for AFDC except the presence of a child. Medical confirmation of pregnancy is substituted for this requirement. This measure will help assure pregnant women adequate shelter, food, and clothing.

Effects Upon the Children

According to research findings reported by Hoepfner, illegitimate children

face more health problems than legitimate children. The difference between the two groups is diminishing for neonatal mortality rates but the mortality rate for post neonatal is growing. This phenomenon may reflect the increased probability that medical treatment was provided by Medicaid to a larger number of the women in the study sample.(31) Since the data were collected in a manner which did not control for socioeconomic differences, this cannot be verified. The information available does show an increased number of birth defects and health problems for children born to adolescents. The most prevalent risk to the child is low birthweight. This most often occurs in premature births but is not uncommon in full-term babies born to teenage mothers. "Low birthweight babies may suffer from any one or a combination of:

- immature organ systems (heart, lungs, kidneys)
- difficulty controlling body temperature and blood sugar levels
- mental retardation
- congenital malformations
- risk of dying in early infancy (which) for low birthweight babies is seventeen times higher than for normal weight babies (five and one-half pounds or more)."(32)

Implicit in the description of adverse health problems for these children is the knowledge that the number can be avoided or reduced by first trimester prenatal care. But, even a healthy baby may have subsequent problems caused by adolescent parenting.

The research concerning long-term effects on children who were primarily conceived and reared by adolescents is not conclusive. The data available are reported as follows:

"All analyses show deficits in the cognitive development of children (especially male children) born to teenagers; much, but not all, of the effect results from the social and economic consequences of early childbearing. Less consistent effects are found for the children's social and emotional development and school adjustment ...

The children of teenage mothers are relatively likely to spend a considerable part of their childhood in one-parent households; and they are more likely themselves to have children while still adolescents. Adverse impacts can be observed long into the children's lives ...

A possible mediating factor between young maternal age and its impact on the child is family structure - that is, adverse effects are most likely to occur when the teenage mother raises her child without help from the father or her own parents."(33)

Table I compares the State of Illinois with the other reporting jurisdictions in the nation in terms of selected traits of teenage births.

The information is for 1977. As can be seen, the state displays slightly higher percentages in nearly all categories.

TABLE 1
Comparison of Perinatal Health Statistics

ALL REPORTING STATES					ILLINOIS				
LIVE BIRTHS # & % of Mothers									
	Total	White	Nonwhite	Not Rptd.	Total	White	Nonwhite	Not Rptd.	
Total	3,326,632	2,715,405	605,107	6,120	177,393	138,241	39,035	117	
Under 18	225,243	144,393	80,479	371	12,256	6,587	5,651	8	
	5.8	5.3	13.3	6.1	5.9	4.8	14.5	6.8	
Under 20	570,609	401,540	168,181	888	29,965	18,390	11,560	15	
	17.2	14.8	27.8	14.5	16.9	13.3	29.6	12.8	
Who did not complete high school	671,018*	474,294*	195,931*	793*	50,093	33,933	16,138	22	
	25.7	22.5	39.0	15.5	28.2	24.5	41.3	18.8	
W/out Pre- natal care 1st Trimes.	750,418*	539,033*	210,295*	1,090*	47,083	31,856	15,197	30	
	24.9	22.0	38.1	19.6	26.5	23.0	38.9	25.6	
# & % Weighing									
4lbs 6 oz. or less	83,122	55,178	27,726	218	4,874	2,811	2,060	3	
	2.5	2.0	4.6	3.6	2.7	2.0	5.3	2.6	
5lbs 8oz or more	234,884	161,164	73,223	497	13,174	7,966	5,201	7	
	7.1	5.9	12.1	8.1	7.4	5.8	13.3	6.0	
Deaths									
# & Rate/1,000 live births									
Neonatal	32,860	23,540	9,320		1,996	1,278	718		
	9.9	8.7	15.4	.0	11.3	9.2	18.4	.0	
Infant	46,975	33,199	13,776		2,834	1,780	1,054		
	14.1	12.2	22.8	.0	16.0	12.9	27.0	.0	

*Based on data available from 44 reporting states and Washington, D.C.

Policy Implication

The medical needs of children and their mothers have been addressed by a state initiated program which provides Medicaid assistance to pregnant women. The Department started the program in January, 1980. (For a detailed program description, see Part I, Human Services Data Report, "Management Activities", p.3.) Participation figures for June show that only 2,713 women were enrolled in the program. The program should be monitored closely and its effects on the health problems of teenage mothers and illegitimate children evaluated annually.

Life Chances

The life chances of the single-parent family are dependent, in part, on the ability of the mother to secure gainful employment. Little research has been conducted on this aspect of the illegitimacy problem. What can be determined must be implied from labor force participation and unemployment data. The sector of the female labor force of particular importance in terms of illegitimacy is that defined by the Department of Labor as "never married/with children".(34)

In March, 1979, the never married/with children group had a labor force participation rate of 54.0 percent. This compares favorably with the 50.7 percent rate for all women over age sixteen. The unemployment rate for the never married group was 20.7 percent. For all women, it was 6.6 percent. The highest labor force participation rate for women with children was the "Divorced" group with a rate of 79.0 percent. Unemployment for this group was 7.6 percent.

The greater employability of divorced women with children is due to several factors. They tend to be older than never married women with

children. They have a higher rate of completed high school educations. They tend to have more work experience and a greater range of job skills. Perhaps the most important factor is the presence (absence) in the home of a child under six years of age. Department of Labor figures show that the age of the youngest child affects labor force participation and unemployment rates. Never married women with children under six had a labor force participation rate of 49.4 percent and an unemployment rate of 21.8 percent in March, 1979. The rates for divorced women with children under six were 69.9 and 10.4 percent. The proportion of never married women with children under six, however, is much greater than that of the divorced with children population. In March, 1979, over 67 percent of the never married group had at least one child under the age of six. Less than a third of the divorced women with children had at least one child under six years of age.(35)

An additional factor which must be considered is the growing number of never married women with children. A Bureau of Labor Statistics analysis of population and employment data for the years 1970 through 1977 shows that this group has increased by over 69 percent. It constituted 13.4 percent of the population in 1977, up from 10.4 percent in 1970.(36)

Policy Implication

The rate of labor force participation for never married women with children represents a desire to work. The high unemployment in this group indicates the difficulty of securing employment. There are several policy implications. First, research should be conducted to determine the special needs of and, if needed, to develop programs specific to this group. A first step in this regard could be a special analysis of the data

collected in the Welfare Reform Demonstration Project to determine if this approach could be effective for unmarried women with children. (For a description of this project, see Fiscal Year 1979 Phase II: Program Statement and Fiscal Year 1980 Part II: Human Services Program Analysis.) Additionally, a demographic survey is needed to pinpoint the locations most in need of such programs. Second, as an interim measure, consideration should be given to targeting existing job training and placement programs of the Department and other agencies to this group. Third, resources should be sought to increase the number of day-care programs to serve the growing number of mothers with children under six years of age.

Abortion As An Issue

Abortion is an alternative available to women who have an unintended pregnancy. It became more accessible in the early 1970's when, in 1970, New York and three other states authorized it and, in 1973, the United States Supreme Court upheld its legality. Congressional restrictions were placed on abortion in 1977 when enforcement of the Hyde amendment limited Medicaid funding to cases involving rape, incest or in which the mother's life was endangered by childbirth. In 1980, the United State Supreme Court upheld the constitutionality of the congressional ban on medicaid funding of abortions.

Illinois provided Medicaid funding for abortions until legislation similar to the federal law was passed by the Illinois General Assembly. Funding was restricted until litigation reversed the state provisions. The present situation is ambiguous. The Department remains under a court order to pay for "medically necessary" abortions. At least three

national groups have decided to file for a rehearing of the case before the Supreme Court. This may continue the Department's participation indefinitely until the request for rehearing and any subsequent legal action is concluded.

In terms of illegitimacy, the data indicate that legal abortion reduces the number of illegitimate births. In 1977, the last year for which complete data are available, Illinois residents received 70,740 abortions. Of these, 54,439 (77%) were to unmarried women.(37) The percentage of abortions received by unmarried women in Illinois is comparable to the national figure in 1977. It is not known how many of the state's 21,663 Medicaid abortions were provided to unmarried women. If the above percentage applies, 16,680 would have been received by this group in 1977. Since 1977, Medicaid abortions in Illinois have dropped to 10,666 in 1978 and to 6,218 in 1979.

Policy Implication

The most recent Supreme Court decision on abortions upholds a woman's right to choose not to carry to term but reverses earlier decisions requiring financing of abortions through the Medicaid program. This confronts each state with the decision of whether or not to finance abortions for the indigent.

Caseload Data

An examination of available caseload data in terms of illegitimacy provides support to the high correlation between caseload size and illegitimacy stated at the beginning of this report. Although existing data collection methods do not permit a thorough analysis of the question, they do indicate three important points: 1) the number of

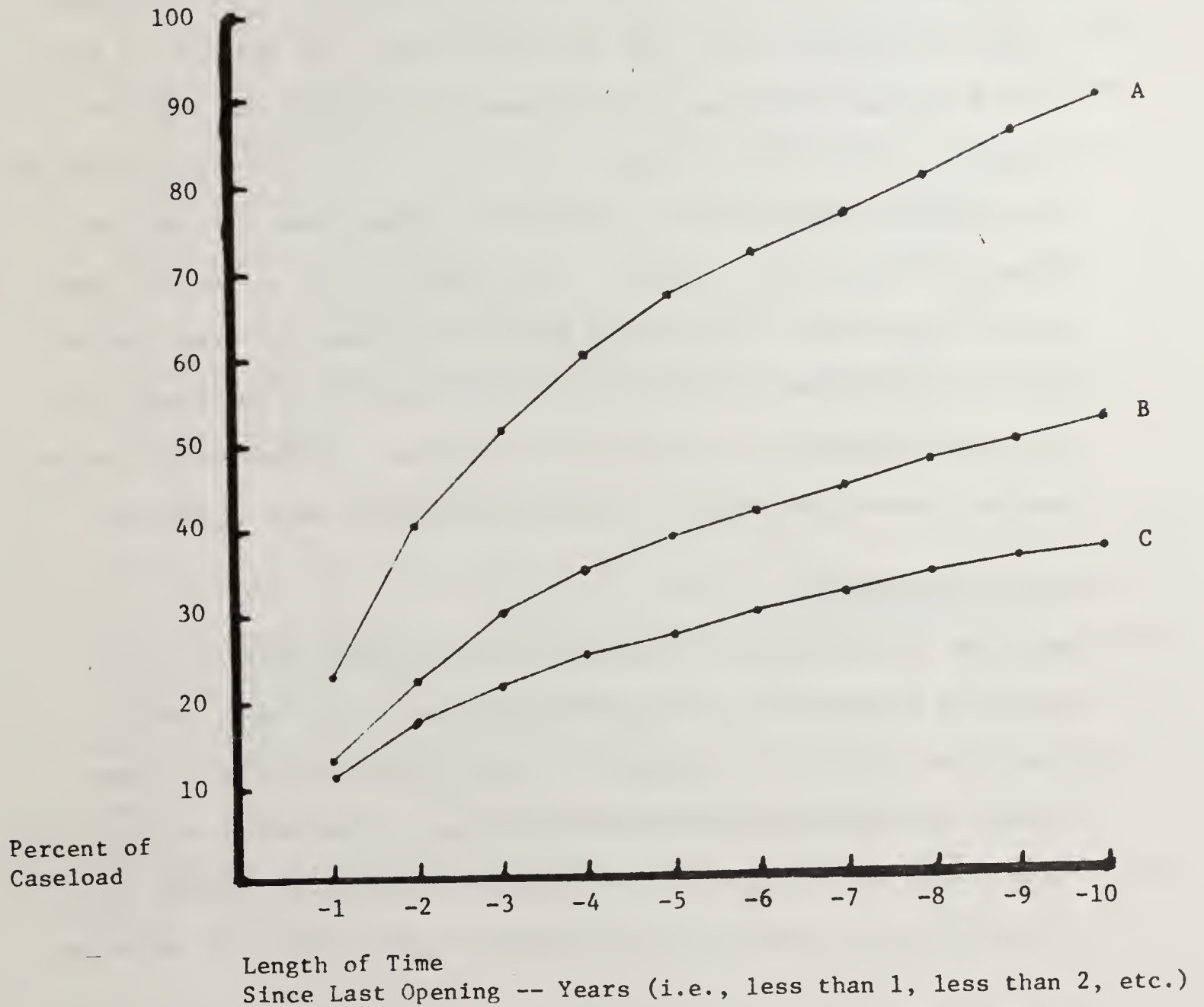
illegitimate children receiving AFDC is increasing; 2) their percentage of the total number of children in the caseload is increasing; and 3) cases which include one or more illegitimate children tend to remain active longer than those with no illegitimate children.

In 1973, the year in which the AFDC caseload first exceeded 200,000 cases, the total number of children receiving assistance was 545,983. Nearly 35 percent (190,002) of these children were illegitimate. Since that time, the total number of children in the AFDC program has declined. In June, 1980, it was 461,532 -- a 15.5 percent decrease in seven years. But, the number of illegitimate children increased by 20.3 percent during this period to 228,495. Illegitimate children now constitute 49.5 percent of the total number of children assisted through the AFDC program.

Figure 1 illustrates the relationship of birth status to length of time on assistance. The most recent data available in this form are for June, 1979. The data are divided into cases with one or more illegitimate children and cases with no illegitimate children. These breakdowns are separated by length of time the case has been continuously on assistance. The difference between this data and those used in the previous section is that they refer to cases rather than children. In June, 1979, approximately 40 percent of the AFDC cases were made up of children legitimate by birth. The number of legitimate children was approximately 53 percent of all children receiving assistance. In terms of illegitimate children, approximately 60 percent of the cases contained at least one illegitimate child.

FIGURE 1
Comparison of Birth Status to
Length of Time on Assistance

JUNE, 1979



Line A = "All Cases With Children"
Line B = "Cases With Illegitimate Children"
Line C = "Cases With Legitimate Children Only"

The curves in Figure 1 (top to bottom) refer to "All Cases With Children", "Cases With Illegitimate Children", and "Cases With Legitimate Children Only". The two sub-group curves are additive to the overall curve. This allows for seasonal variation in caseload. The horizontal axis refers to the number of years on assistance and the vertical to the percentage of cases receiving aid for less than that period. For example, 23 percent of all cases have been on assistance for less than one year, 60 percent for less than four years, and so on. The two sub-group curves provide the same information for cases with no illegitimate children and those with illegitimate children. For example, 25 percent of the cases with no illegitimate children have been on assistance for less than four years. This compares to 35 percent of the cases with illegitimate children. This suggests that cases with illegitimate children remain in the caseload longer than those with legitimate children only.

Policy Implication

Data must be reformatted to allow for a more thorough analysis of the cohorts of illegitimacy and legitimate children. On a basic level, descriptive data must be collected to refine cohort profiles in terms of such socio/demographic variables as the age of the mother at the birth of the child. Once this is completed, inferential analyses can be made which will permit program evaluation, development and targeting.

The data have farther reaching implications than just the need for additional research. If one compares the decrease in the total number of children in the caseload to the increase in the number of illegitimate children, one is led to the conclusion that factors other than the strictly economic are at work in generating additional AFDC cases. Granted,

the proportion of illegitimate children in the caseload has increased, in part, because of declines in the overall number of children in the caseload. And granted, the overall decline is due to factors such as lower birth rates and economic upswings during the period in question. And granted, the rise in illegitimate births may be, in part, a function of economic variables. The fact remains that the number of illegitimate children in the caseload has had an absolute increase of such magnitude as to indicate that it in itself is a major determinant of the need for public assistance. One can assume that had the rate of illegitimacy not increased so rapidly during this period that the decline in caseload size would have been much greater. This leads one to the inescapable conclusion that programs must address issues other than the strictly economic.

SUMMARY

"Properly slicing the data" is an euphemism for statistical manipulations to hide weaknesses in the data. Properly slicing the data on illegitimate births in Illinois is not necessary. Any way you look at them, any cut you take, the data support the propositions put forth in this paper. Illegitimacy is increasing. It is increasing in white and non-white populations. Illegitimate children and their mothers are more likely than others to need public assistance.

Illegitimacy is increasing: In the decade of the fifties, there were 101,389 illegitimate births in Illinois. They represented 4.7 percent of the total live births in the state during that period. In the sixties, there were 181,389 illegitimate births constituting 8.6 percent of the total live births in Illinois. During the first seven years of the

1970's, 245,689 (17.3%) of the total births were illegitimate. During the twenty-seven years between 1950 and 1977, there were only two years (1972 and 1973) in which the number of illegitimate births decreased from the previous year. The basic trend is upward, alarmingly upward.

Illegitimacy is increasing in white and non-white populations: In 1950, there were just under 21,000 live non-white births. Twenty percent were illegitimate. In 1977, there were just over 40,000 live non-white births of which nearly 60 percent were illegitimate. Live births to whites in 1950 totalled just over 166,000 with only 1.6 percent being illegitimate. By 1977, illegitimate births constituted 8.4 percent of the 137,100 live white births.

Illegitimate children and their mothers are more likely than others to need public assistance: In 1977, thirty-nine percent of the AFDC mothers had never been married. In that same year, just under 43 percent of the children receiving AFDC were illegitimate. Beyond such facts as these, the data relating to this proposition are not readily available or clear-cut. Much has to be implied from data relating to employment, income and social factors such as education. As previously shown, the labor force participation rate for never married women with children is lower than that for other groups. The unemployment rate is higher. In terms of income, the U.S. Bureau of the Census reported in its Survey of Income and Education that the median income in 1976 for a female-headed family of three was \$7,230. This was less than 40 percent of the median income of a husband and wife family at that time. Similarly, census data show that of the 674,500 Illinois children living below the federal poverty line in 1975, 439,500 were in female-headed households. While such data do not indicate

clearly the relationship between illegitimate births and public assistance, they are suggestive. In general, it can be said that the typical mother of an illegitimate child -- a black, teenage high school dropout with little if any work experience -- has a high risk of becoming a public aid recipient.

FOOTNOTES

- (1) Nancy Fisher Schulte, "Illegitimacy Soars, Begets Legacy of Health, Social Hardships," Chicago Reporter, Vol. 9, No. 6 (June, 1980), pp.1 & 4.
 - (2) Martin O'Connell and Maurice J. Moore, "The Legitimacy Status of First Births to U.S. Women Aged 15-24, 1939-1978," Family Planning Perspectives, Vol. 12, No. 1 (Jan./Feb., 1980), p.18.
 - (3) Ibid., p.18.
 - (4) Ibid., p.18
 - (5) Melvin Zelnik, Young J. Kim and John F. Kantner, "Probabilities of Intercourse and Conception Among U.S. Teenage Women, 1971 and 1976," Family Planning Perspectives, Vol. 11, No. 3 (May/June, 1979), pp.177-183.
- Melvin Zelnik and John F. Kantner, "Reasons for Nonuse of Contraception by Sexually Active Women Aged 15-19," Family Planning Perspectives, Vol. 11, No. 5 (Sept./Oct., 1979), pp.289-296.
- Laurie Schwab Zabin, John F. Kantner and Melvin Zelnik, "The Risk of Adolescent Pregnancy in the First Months of Intercourse," Family Planning Perspectives, Vol. 11, No. 4 (July/Aug., 1979), pp.215-222.
- Farida Shaw, Melvin Zelnik and John F. Kantner, "Unprotected Intercourse Among Unwed Teenagers," Family Planning Perspectives, Vol. 7, No. 1 (Jan./Feb., 1975), p.39; as reported by Marie Hoepfner, Early Adolescent Childbearing: Some Social Implications (The Rand Paper Series p-5831 March, 1977), p.16.
- Melvin Zelnik, "Sex Education and Knowledge of Pregnancy Risk Among U.S. Teenage Women," Family Planning Perspectives, Vol. 11, No. 6 (Nov./Dec. 1979), pp.355-357.
- (6) "Probabilities of Intercourse and Conception Among U.S. Teenage Women, 1971 and 1976," p.177.
 - (7) Phillips Cutright, "Illegitimacy and Income Supplements," Paper No. 12 of The Sub-Committee on Fiscal Policy, Joint Economic Committee of the Congress (Nov. 4, 1973a); as reported by Heather L. Ross and Isabel V. Sawhill, Time of Transition, The Growth of Families Headed by Women (The Urban Institute, Washington, D.C., 1975), p.82.
 - (8) Helen Icken Safa, Profiles in Poverty, An Analysis of Social Mobility in Low Income Families (Syracuse, N.Y.: Syracuse Youth Development Center, 1966), pp.94-105; as reported by John M. Romanyshyn, Social Welfare: Charity to Justice (Council on Social Work Education, New York; Random House, New York, 1971), pp.224-225.

- (9) "The Risk of Adolescent Pregnancy in the First Months of Intercourse," p.215.
- (10) "Reasons for Nonuse of Contraception by Sexually Active Women Aged 15-19," p.289.
- (11) Zabin, op.cit., p.215.
- (12) Ibid., p.215.
- (13) "Sex Education and Knowledge of Pregnancy Risk Among U.S. Teenage Women," p.355.
- (14) "Reasons for Nonuse of Contraception by Sexually Active Women Aged 15-19," p.295.
- (15) "Unprotected Intercourse Among Unwed Teenagers," p.39.
- (16) "The Risk of Adolescent Pregnancy in the First Months of Intercourse," p.222.
- (17) Aida Torres, "Organized Family Planning Services in the United States, 1976-1977," Family Planning Perspectives, Vol. 11, No. 6 (Nov./Dec., 1979), p. 344.
- (18) Zabin, op.cit., p.222.
- (19) Digest, "Birth Control: Clinics Are Major Source of Care for Poor Teenagers, and for More Affluent, Too," Family Planning Perspectives, Vol. 11, No. 3 (May/June, 1979), p.197.
- (20) Torres, op.cit., pp.342-344.
- (21) Improving Family Planning Services for Teenagers, "Final Report," (Urban Rural Systems Associates, San Francisco, June, 1976), pp.1-2.
- (22) Judith Joy, "Children Rearing Other Children: More Teenage Mothers Decide to Keep Their Babies," Centralia Sentinel, June 25, 1980, p.14A.
- (23) Ibid, p.14A.
- (24) "Leaders Alert Bulletin 30," (National Foundation/March of Dimes, White Plains, New York, February, 1979).
- (25) Wendy H. Baldwin, "Adolescent Pregnancy and Childbearing -- Growing Concerns for Americans," Population Bulletin, Population Reference Bureau, Vol. 31, No. 2, September 1976, p.4; as reported by Hoepfner, op.cit., p.6.
- (26) "Leaders Alert Bulletin 30," op.cit.
- (27) Joy, op.cit., p.14A.

- (28) "Leaders Alert Bulletin 30," op.cit.
- (29) Hoepfner, op.cit., p.6
- (30) Ibid., p.7.
- (31) Ibid., p.7.
- (32) "Leaders Alert Bulletin 30," op.cit.
- (33) Wendy Baldwin and Virginia S. Cain, "The Children of Teenage Parents," Family Planning Perspectives, Vol. 12, No. 1 (Jan./Feb., 1980), p.39.
- (34) Beverly L. Johnson, "Marital and Family Characteristics at the Labor Force, March, 1979," Monthly Labor Review, (U.S. Department of Labor, Bureau of Labor Statistics), April, 1980, pp.49-51.
- (35) Ibid., p.51.
- (36) _____. "Women Who Head Families, 1970-77: Their Numbers Rose, Income Lagged," Monthly Labor Review (U.S. Department of Labor, Bureau of Labor Statistics), February, 1979, pp.32-37.
- (37) Jacqueline Darroch Forrest, Ellen Sullivan and Christopher Tietze, "Abortion in the United States, 1977-1978," Family Planning Perspectives, Vol. 11, No. 6 (Nov./Dec., 1979), p.332.

APPENDICES

The Welfare and Rehabilitation Services Act (P.A. 79-1035) requires that program changes of a substantive or statewide nature be described in an Amendment to the Plan as originally published.

Four of the following appendices amend the 1981 Human Services Plan, Data Report published in April, 1980. Each describes a legislative, judicial, executive or administrative change or initiative that changed a program by either budgetary or regulatory means. The amendments update the Human Services Plan documents to provide accurate information to the citizens of Illinois.

The fifth appendix describes the procedures for public review and comment.

ILLINOIS DEPARTMENT OF PUBLIC AID
HUMAN SERVICES PLAN FOR FISCAL YEAR 1981
PLAN AMENDMENT TO PART I - DATA REPORT

APPROPRIATION APPROVED - FINAL FIGURES

The Fiscal Year 1981 appropriation for the Department totals approximately \$2.7 billion. This is \$63.5 million higher than the figures listed as "recommended" in the Data Report (Table 4, pp. 13-14). The increases are:

- \$25.7 million to provide income and medical assistance to a welfare caseload that, due to the deepening recession, is greater than earlier estimates
- \$24.5 million for a cost-of-living increase for recipients
- \$12 million for income assistance grants for Cuban refugees resettled in Illinois.

APPENDIX II

ILLINOIS DEPARTMENT OF PUBLIC AID HUMAN SERVICES PLAN FOR FISCAL YEAR 1981 PLAN AMENDMENT TO PART I - DATA REPORT

INCREASE OF PUBLIC AID STANDARDS

The Department's Fiscal Year 1981 appropriation, as approved by the Governor, provides for a five percent cost-of-living increase for welfare recipients. The increase will become effective January 1, 1981. The increase will affect the Consolidated Standard used for the Aid to Families with Dependent Children program, the Refugee and Repatriate Assistance program and General Assistance - Family Cases. Needs based assistance standards applicable to the General Assistance - Adult Cases and Aid to the Aged, Blind and Disabled program will be increased a like amount. Medical Assistance - No Grant program standards will be adjusted, also. Implementation procedures shall be developed to assure an uninterrupted transition to the revised standards upon the effective date.

APPENDIX III

ILLINOIS DEPARTMENT OF PUBLIC AID
HUMAN SERVICES PLAN FOR FISCAL YEAR 1981
PLAN AMENDMENT TO PART I - DATA REPORT

EXTEND ELIGIBILITY FOR INCOME ASSISTANCE
TO PREGNANT WOMEN

Senate Bill 1747, as amended and passed by the General Assembly, shall make AFDC assistance available to pregnant women. These women must meet the eligibility criteria presently used except medically diagnosed pregnancy may be substituted for a child(ren) in the person's care to establish categorical relatedness. The amount of the grant shall be the Department's Consolidated Standard amount for one-person.

ILLINOIS DEPARTMENT OF PUBLIC AID
HUMAN SERVICES PLAN FOR FISCAL YEAR 1981
PLAN AMENDMENT TO PART I - DATA REPORT

CUBAN REFUGEES - ELIGIBILITY STATUS

The Fiscal Year 1981 appropriation included twelve million dollars for income assistance grants for Cuban refugees.

All applications for assistance by recent Cuban immigrants are being held in pending status as a result of federal action. The Attorney General, using his discretionary powers, classified, for immigration purposes, the Cuban immigrants as "paroled". The Department of Health and Human Services has issued instructions prohibiting the inclusion of these persons in the Refugee Assistance program.

The Illinois Department has objected to these decisions. The Department's position is that the entry of these persons under parole rather than the classification of refugee is legally improper. The Department further contends that even if the classification is legally proper, the Cubans are entitled to assistance under The Refugee Act of 1980.

The Department has urged the Department of Health and Human Services to act quickly to retract their instructions and issue the necessary authorizations for Refugee Assistance.

ILLINOIS DEPARTMENT OF PUBLIC AID
HUMAN SERVICES PLAN FOR FISCAL YEAR 1981

PROCEDURES FOR PUBLIC REVIEW AND COMMENT

The Department has developed procedures to implement Section 7 (a) of Public Act 79-1035, The Welfare and Rehabilitation Services Act, which provides for a public review and comment period to follow submittal of the Department's Human Services Plan to the General Assembly. The Plan for Fiscal Year 1981 is being submitted in two parts. Part I of the 1981 Plan contains program and fiscal data for fiscal years 1979, 1980, and 1981 in a format corresponding to the program budgetary categories described in the Governor's FY'81 State Budget. Part II of the 1981 Plan consists of an in-depth analysis of one selected agency issue. Part II is scheduled for submittal to the legislature on July 30, 1980.

The public review and comment period for Parts I and II of the department's 1981 Plan will commence July 30, 1980 and end September 15, 1980. This will allow approximately 15 days to receive requests and to distribute copies of the Plan and 30 additional days during which written comments may be received.

Public Notice of Availability of the Plan

Notices to announce the public review and comment period and to advise the public of the availability of the department's Human Services Plan for fiscal year 1981 have been written and will be distributed as follows:

- . A notice will be mailed to each person and organization who submitted comments on the Title XX Comprehensive Annual Services Plan (CASP).

- . A news release will be sent to newspapers, magazines, radio and television stations by the Department's Office of Public Information.
- . A notice will be sent to radio and television stations which could qualify as a public service announcement.
- . A notice will be sent to groups publishing special journals, organizational newsletters or magazines and communications of the Regional Planning Councils.

Distribution of the Plan

The public may contact the Department's Planning and Program Development Section either by telephone or in writing to request copies of either or both Part I or Part II of the Plan. Copies of the Plan will be mailed to the requestor. The plan is also available through the Illinois State Library System.

Procedures for Receiving Comments

Comments, in writing, will be reviewed by the Planning and Program Development Section and distributed to the appropriate organizational unit which administers the program or service addressed by the respondent. Comments will be summarized for internal use and a recommendation made regarding each comment received. Any program changes of a substantive or statewide nature will be described in an additional Plan amendment.

UNIVERSITY OF ILLINOIS-URBANA



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